

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/847945
APPLICANT(S)

FILING DATE

1/23/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	*	*			
61	1	*	1			
62	1		1			
63	1		1			
64	1		1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			2			
72			1			
73			3			
74			3			
75			3			
76			3			
77			3			
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97						
98						
99						
100						
TOTAL IND.	3		4			
TOTAL DEP.	39		76			
TOTAL CLAIMS	42		80			